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ABSTRACT

Loss is a common theme of family protection work and particularly of foster care. Ways in which foster families can deal with loss are explored. It is designed to accompany a one- or two-day training course and uses a strategy of collaborative learning for caseworkers and foster parents. The course explores loss and grief through role play, small group experiences, group discussion and individual activities such as journaling. The topics addressed here are: (1) Why do we need to understand, with tips on how to turn loss and grief into gain; (2) Losses related to foster care, which discusses losses experienced by parents and children; (3) The normal grief process, which introduces the mechanism of grief and reviews its manifestations in different persons; (4) Components of the grief process, which presents a model for grief work; (5) Variables affecting the grief process, such as situational and interpersonal variables as related to placement of the child; (6) Barriers to resolving one's grief, which explores resolution of grief and healing. Training includes exercises for self discovery. Manual includes detailed instructions for trainers, training competencies and learning objectives list, many charts and illustrations, a resource bibliography, and an evaluation form. (EMK)

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Education and Research Institute for
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A Specialized Training Program
Designed for Foster Care Workers and
Foster Care Parents

FOSTER CARE:

EXPLORING

GRIEF AND LOSS

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ABOUT THE AUTHORS

Kevin Ann Oltjenbruns, Ph.D, is an Associate Professor in the Department of Human Development at Colorado State University. She has been involved in teaching, research, and service endeavors related to grief and loss for the past 15 years. Dr. Oltjenbruns has taught a college-level course, Death, Dying, and Grief, and is the co-author of a text book entitled Dying and Grieving: Lifespan and Family Perspectives. She has also written a number of articles focusing on such topics as impact of the death of a friend on children and adolescents, the grief process, as it relates to ethnicity, and positive outcomes of the grief process. Dr. Oltjenbruns is a volunteer with the local hospice and serves on that organization's Board of Directors.

Mona Struhsaker Schatz, D.S.W., Associate Professor in the Social Work Department, Colorado State University and also serving as Principal Investigator and Director of the Education and Research Institute for Fostering Families, a comprehensive family and child welfare training development project. Involved in social work and child welfare education; primary areas of expertise include (1) social work theoretical development in generalist perspective at initial and advanced levels, (2) social work education and field education in social work, (3) children's services and child welfare practice, child development and attachment disorder, and (4) policy and practice issues in child welfare and families. Areas of social work practice since 1972 include children and family services, home health care, and private practice. Since the early seventies, Dr. Schatz has worked in child welfare and children's services in Colorado and several other states. In the 1970's, she served as a foster parent. In the 1980's she served on Greene County Missouri's Permanency Planning Committee. She has served as a member of the Colorado Child Welfare Advisory Committee. Dr. Schatz also provides training to professionals in Eastern Europe and Russia in family and child practice. She has published articles in Child Welfare and the Journal of Social Work Education, monographs, and several dozen original training manuals addressing the knowledge and skills to foster effective social work/human services practice and parenting.

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Education and Research Institute for

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The **Education and Research Institute for Fostering Families**, located in the Department of Social Work at Colorado State University, is an education, training, and research center seeking to improve social work and human service practice with families, youth and children, particularly families and children at risk and challenged. Fostering Families's Institute works through the Colorado Human Services Training, Education and Research Consortium. This collaboration includes Colorado's Department of Human Services, other social work programs, and various training centers in Colorado.

This Institute serves as an umbrella organization for four programs: (1) a stipend pre-employment program for social work students, (2) a "core" worker training program in family casework practice, (3) a foster parent core training program, and (4) an extensive series of on-going in-service training programs. Begun in 1986, Fostering Families is deeply committed to serving families, children and youth. It does so through the development of highly successful, experiential training programs that offer the most current knowledge for the field and offering an opportunity to test out different practice skills and intervention strategies available for the varied jobs in this arena.

FOSTERING FAMILIES is a unique opportunity for caseworkers and foster care parents, to explore the many complex aspects of child welfare including child abuse and neglect, family support and preservation, permanency planning, adoption and foster care delivery.

FOSTERING FAMILIES is specially designed to meet the varying learning and educational needs of training participants. Each training session uses different teaching and learning approaches such as groups, role play, sculpting, discussion groups, and individual learning exercises.

FOSTERING FAMILIES is designed to foster "a partnership of skill" among the many professionals responsible for the quality care of families and children in distress. Each training program seeks to provide an increased level of competence that can be shared by the varied professionals who may be working with a family or child.

FOSTERING FAMILIES is offered, in specific levels, as continuing education credit and upper-division college class work in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

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INSTRUCTIONS FOR TRAINERS

Since 1986, Fostering Families has successfully designed and delivered training programs to thousands of workers and substitute care providers in child welfare. We have created a set of principles which infuse our training programs and serve as a philosophic base. Depending on the training program, some of these principles are addressed directly while others are reinforced. It is important to summarize the principles as a background to these instructions for the trainer.

Principle 1: First, our work with families and children who are served by public social services and the child welfare system, is extremely difficult and almost always stressful. These families frequently live in what is often termed "the culture of social and familial violence." These families and children live in an almost constant state of uncertainty--experiencing great social and personal vulnerability, with few concrete resources to help them. By the time we see these at-risk families, they have experienced a great deal of tragedy, victimization, loss, social rejection, and defeat.

Principle 2: We recognize how difficult it is to deliver social work services in large, public bureaucracies, no matter how "nice" the individuals are. Bureaucracies are inherently cumbersome and often disregard the very people they should be serving, both their workers and their clients. Fostering Families believes we must be very attentive to these inherent flaws of bureaucracies and work intentionally toward minimizing these counter-productive effects. Training mirrors our environment(s); therefore, our training creates an environment and experiences that are validating and supportive of each participant. In training, we must repeatedly encourage efforts that build and sustain open communication and active problem-solving among all people. Attitudes such as blaming, and poor-me serve as self-fulfilling prophecies, and the resultant feeling of helplessness is draining and unproductive. Offering skills that improve communication, advocacy, networking, mediation, role clarification, team building, and professional relationships--helps build and foster effective practice.

Principle 3: A well of compassion and empathy must be built (brick by brick!) through the combination of daily practice, supervision, and training. We can not stay in this difficult work if we become strangled by our anger and disrespectful to the people with whom we work. We are not in our positions and roles to punish families and children. The atrocities and horrors that meet families and children in poverty and

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social violence can not be excused. Yet, caseworkers and substitute family environments, such as foster homes, are asked to look forward. Our job involves performing extensive assessments to identify where things are at the moment. Our job also requires us to repair what we can and fix what can be fixed. We must "make futures" for relinquished children and youth, etc. Our training must build our understanding, and most importantly, our skills to work effectively with these difficult families and children.

Purpose of the Manual

This training is built upon these principles. This training manual is a necessary tool for the trainer. In this section, we will describe how trainers can get the most out of this manual.

Serving equally as the trainee's manual, this booklet is a rich, valuable resource for their future use and reference. Concepts, principles, knowledge, and skills central to the training are written in the manual. A great deal of supporting documentation is also provided. At times, we know a training program can neither give equal attention to all the concepts related to the topic, nor introduce each small detail tied to the area under consideration. Group training experiences rarely focus on mastery of minute details. The manual, however, gives added documentation--access to more in-depth information to the trainee for later reference. Trainees greatly appreciate these manuals and report referring to them regularly.

The training manual is designed for both the trainer and the trainee. In using this approach, we save both money and time. There is also certainly less needless duplication and confusion about what materials are needed by the trainer when going out the door for their training session. This approach supports our adult training model, and also creates a more egalitarian teaching environment, because the trainer and trainees have similar training materials.

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The Training Agenda and How to Organize the Training Session

1. Setting an Agenda

Use the *Table of Contents* as your training agenda. The only additions you will want to make are a "Welcome and Introductions" at the top of the page and decide where "breaks" need to be anticipated. Because you can select your time frame for delivering the training program, decide how much time you need for the different areas of the training. As a rule of thumb, consider that each Lecturette and its supporting materials require at least 30 minutes to two hours to deliver.

These training programs are designed as one or two-day training sessions. This meets the need expressed by many professionals to receive training without losing a great deal of time from their work situations, often difficult for family and child welfare workers. Further, home providers such as group home workers, foster parents, proctor parents, and others can rarely take more than a day away from their home and families.

2. Welcoming and Introduction

The training program should begin with the *Welcome* and Introductions, giving each new trainee an opportunity to initiate their own process of contributing to and participating in the training. This is very important to fostering an atmosphere of joint learning with a higher level of trainee participation. Also, through the trainer's positive and receptive attitude, s/he can create an environment of trust and safety which goes a long way to optimizing the training process and maximizing the participants' growth and learning.

3. Training Competencies and Learning Objectives

After the introductions, present the *Training Competencies and Learning Objectives*. A valuable rule for trainers is to "tell people what you are going to teach them, then teach them, and end with a summary of what was taught." At this early point, the

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trainer should leave an opportunity for trainees to add any "training agenda" items they feel are important during the training program. This models an empowering process for the trainees wherein they too can "construct" the learning process that they feel they need.

At times, the requests of trainees go beyond the training program as designed. This is okay. The trainer must simply acknowledge the interest of the trainee, pointing out that the training will probably not be capable of delving in the specific area requested. This approach also helps trainers assess if "unique" issues exist that may be related to a geographic area, a local program, etc., or whether a trainee has a personal issue that may potentially distract the learning experience.

4. Training Content

The ***training content*** that must be delivered by the trainer(s) is provided in the ***Lecturettes***. The trainer must be very comfortable and knowledgeable about the material provided in each Lecturette. These training programs are also designed for a training team including a professional social work trainer and a foster parent co-trainer. This approach illustrates the valuable contributions of substitute providers who often spend a great deal of time with children in their home, and who often face problems that do not have easy solutions.

The training program is designed for adult learners. Therefore, in initiating the learning process, use of "lecture-to-the-audience" is limited. No Lecturette area should require more than 20 to 30 minutes of this talking to an audience style. Rather, the training exercise(s) in the manual serve to initiate the learning process. The use of ***exercises, videos, case vignettes, boxes, and discussions*** foster the teaching process as well as reinforcing central training objectives.

When presenting material in the Lecturettes, supporting ***charts*** exist that summarize the key principles, concepts, and points. The trainer can invite the trainees to "follow along" on a chart. These charts are very useful to keep the trainer focused. They are easy to read and allow the trainer the needed "notes" for delivering a portion of the training in its entirety.

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Though this training program is thorough in its presentation of central principles, concepts, skills, and supporting materials, the trainer(s) must have qualifications that include a strong practice background in child and family practice. This is a very important. It is, in fact, where the material in the Lecturettes becomes grounded in reality and relevance to the trainee. This is also the juncture where the trainer makes the training come alive. It is accomplished by the integration of trainer's own experience which--uniquely personalizes to the specific needs of *this* audience. The trainer's unique experiences infuse a personal and timely energy into the teaching process.

The training manual is designed so trainees have everything they need in the manual including paper to write on! The left hand side of the Lecturette sections provides the central ideas relevant to the learning area. The right side inserts instructions for when to introduce training exercises, videos, group discussions, etc. The right hand side of the manual also offers space for trainees to take notes and, importantly, for the trainer to make their own notes. Worksheets often exist for an exercise so time is not wasted in handing out materials once the training experience has begun.

5. Written Evaluation

Each manual also includes a *written evaluation*, asking in essence, if the training competencies and objectives were adequately delivered. This strategy is used as an initial accountability assessment. It determines if the training as designed was in fact delivered to the satisfaction of the trainees. It is not possible, in one or two day formats to evaluate much beyond this point without using pre- and post-evaluative tools or other forms of behavioral evaluation which can assess improved practice competence.

Following these guidelines can best optimize the likelihood of creating a highly effective training for every participant!

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INTRODUCTION

The Education and Research Institute for Fostering Families is a specialized child welfare, adoption and foster care training program. Various important learning concepts related to families, youth and children are explored *within* the context of services to families and children and protective services more specifically. By paying particular attention to the multiple environments within which we work, Fostering Families' training is highly innovative and relevant for public and private sector caseworkers, case aides, and foster parent providers including group and residential care specialists. Fostering Families is also unique because faculty and foster parent training staff receive regular input from different parts of the social services system and from foster parent providers who work daily--to meet the needs of children *in out-of-home placement* and *at risk of removal from the family-of-origin*.

A primary goal of the training program is to examine different issues and intervention models in a relatively small group training experience. Each training program provides information that increases our understanding about the knowledge, concepts, and ideas that undergird specific aspects of practice and the skills to improve:

(1) the assessment and placement process with families and children at risk of placement, or involvement in a family preservation program,
(2) the overall case planning, monitoring and supervising process, and
(3) the recruitment and retention of foster homes and other out-of-home providers.

Foster parents and caseworkers learn collaboratively in each session. Each training module is designed to motivate participants to go beyond transmission of information to training opportunities created so that trainees can apply concepts either in role play situations, small group experiences, group discussions, and/or through individual activities. Participants are given the opportunity to integrate their learning through discussion and group experiences. Training sessions are scheduled regularly throughout the year and are each one-day sessions. To achieve high accessibility for foster parent providers, training sessions are often held on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural areas of the State.

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Exploring the Grief Process Related to Foster Care begins by introducing the most obvious of notions, namely, that "**loss *is* a common theme of family protection work and particularly foster care.**" Everyone who has spent a day in foster care, and other kinds of out-of-home placement--recognizes the truth in that statement! It is interesting, however, to find only sporadic articles and books about the grief and loss process in child welfare and fostering children. This training builds on this limited body of work, and hopes that as an experience based training, we can move to deeper levels of understanding. We are pleased to have the contributions of Dr. Kevin Oltjenbruns in the creation of this training program. We are equally pleased to spend time seriously addressing loss for *everyone* involved in foster care--foster parents, workers, supervisors, foster children, children of foster parents, and others who venture into this training session.

During this training, some old memories, or hidden feelings, will surface for us. These memories and feelings are welcome! Certainly, there is not time in the session to hear from everyone. So, we have included "journal" pages, on colored paper, which we hope you will feel comfortable using *at any time*, to make a note of these memories, and return to them when you have some time at home. Everyone in the training will recognize that s/he is an important resource. So, we hope this training will be carried out in an environment of thoughtful caring and sharing.

This manual is written to provide information on the concepts and issues we discuss in this training. A "Suggested Resources" section lists some interesting reading related to this topic area.

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In the training session, it is unlikely that all the information provided will be entirely addressed. We recommend trainees read these materials soon after the training session. We have been told that this helps greatly in gaining a full understanding of the issues at hand.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity. Colorado State allows participants the opportunity of earning continuing education credit (CEU's) or university credit. The training instructor will review procedures for applying for credit.

The best advise we can offer to work with today's agenda is to feel comfortable asking questions where helpful, get as relaxed as possible, and enjoy yourself!!

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TRAINING COMPETENCIES AND LEARNING OBJECTIVES

Everyone in the child welfare system faces loss and the accompanying grief in their work. Designing a series of specific objectives is not easy because people have so many kinds of losses to address. There are some underlying concepts and issues however which can foster improved casework practices for families and children in the out-of-home placement system. This training program has five primary competencies and objectives for the trainee.

1) The trainee will learn to identify the many types of losses that may be experienced by individuals involved in the fostering situation--caseworkers, supervisors, foster parents, birth parents, siblings, foster children, the children of foster families, and many others.

2) The trainee will learn to understand common manifestations of the grief process as part of an assessment process.

3) The trainee will identify those factors and variables that affect grief and its outcome in fostering situations.

4) The trainee will learn a model of grief related to foster care.

5) The trainee will address loss-related issues as they impact foster care treatment planning.

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GLOSSARY

anticipatory grief	Constellation of reactions that take place prior to the actual loss
ambivalence	"Sitting on the fence"; a feeling of anxiety or confusion because the person has mixed feelings and is unable to choose what they want from a situation, or is unable to make a decision
ambiguous loss	A loss that is not yet clearly defined
bereavement overload	Extreme degree of grief triggered by the experience of multiple losses in a relatively short period of time
conspiracy of silence	Mutual pact to avoid discussing issues or consequences as they relate to loss
disenfranchised grief	Grief that is not generally recognized by the larger society as being legitimate; therefore, little or no support is given
grief	A variety of physiological, emotional/psychological, and behavioral reactions triggered by a significant loss
grief work	A healing process by which an individual and/or family gradually resolves their grief
loss	Something gone, no longer there
rituals	A specific activity that gives symbolic expression to certain feelings or thoughts of groups and/or of individuals

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WHY DO WE NEED TO UNDERSTAND SEPARATION - LOSS - GRIEF?
Lecturette #1

Experts recognize that all forms of out-of-home care, including foster care and adoption, involve numerous losses. As a result, many individuals in the adoptive family, foster family, and in the biological family experience grief from time to time. In addition, caseworkers and other professionals involved with these families--experience the losses experienced by families, by the child, and also personally themselves. Loss, and the accompanying grief work, *are* common themes for child protection work when a child or children are removed from a home whether temporarily or permanently. It is further recognized that agencies should provide education related to loss and the grieving process (Urquhart, 1989). We examine some primary aspects of loss among children who are moved from their home of origin, and also among foster families, adoptive families, and workers.

Children Removed from Homes of Origin and Temporary Care Situations

Removing a child from his/her home of origin is usually traumatic for the child. Loyalties are raised along with deep and painful emotions. Making children safe, even for short periods of time, has its costs. Children typically experience profound feelings of loss when removed from parents.

Individual or Group Exercise:

Take a few minutes and fill out the survey on the next page. This information will only be shared by you if you chose to offer it to the group.

Individual or Group Exercise:

Examine Box One, "Loss is . . ." page 5 and 6.

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SURVEY - EXPLORING OUR OWN EXPERIENCES OF GRIEF AND LOSS

NOTE: This will be kept confidential unless you choose to share with the group.

1. We have many losses in our lives. In our adult years, we are faced with frequent experiences of loss. This is because the network of people we know and with whom we spend time, is relatively large and very much multi-faceted, like our lives. For people who work in family and child welfare, the opportunity to experience a loss is even greater. Take a few moments and indicate below the person who most recently left your life for whatever reason (e.g. removal from your home, because of separation or divorce, death, illness, etc.)

2. What other family members, if any, were also affected by the loss you indicated above?

3. When you reflect about this last loss, list the people who you saw as helpful as you experienced your grief and coped with your loss.

4. As you think about the early weeks after this loss, what behaviors, if any, were different because you were grieving?

5. Do you feel that you have "come through" your grief experience? If so, how do you know that to be true?

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"Loss *is* a common theme of family protection work and particularly foster care."

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Everyone who has spent a day in foster care, and other kinds of out-of-home placement--recognizes the truth in that statement!

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Adolescents will also experience feelings of loss and grief when leaving an unsafe home. Yet, these older children often experience initial periods of relief because they understand, more clearly, the effects of trauma, danger, and violence upon them. These older children must give "voice" to their feelings of loss at some point, however, just as all people must eventually recognize the losses they have experienced and move through their grief process.

These children also experience losses beyond the loss of the parents. Children may lose their daily connection with siblings, pets, friends, and relatives. They also may lose that important connection with own living space, their school, church, or other social institutions.

After a child is placed in a temporary shelter or emergency receiving home, it is most likely that s/he will be moved ***at least once if not twice or more***. Each and every move creates a crossroads of a sort. Will the child being moved, go through yet another process of loss and grief? How significant, if at all, will the grief process be for that child?

How do we recognize the experience of grieving in these children? What behaviors are typical? Are there differences in the way children grieve based in cultural or religious patterns? And, when we consider infants and small toddlers, how do we recognize and attend to their expressions of loss and grief?

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For Foster Parents

Some experts have indicated that more than anything else, foster care is the handling of grief. Foster parents must not only be aware of feelings and behaviors associated with loss, but also have successfully been able to deal with their own feelings relative to losses (Duclos, 1987). In the foster family, feelings of grief exist among other children, whether these children are other foster children, or the children of the foster family.

"The effects of separation and loss are experienced by all members of the foster care system, most primarily, the foster child, the birth family, and the foster family (Urquhart, 1989). What are some of those effects? For example, within days of a child leaving the Johnson foster home, one of the other foster children ran away. Is there a connection between the child's running away behavior and the grief felt by that child? And, what about the toddler who starts banging his head against the front door? Is it possible that this toddler is trying to "express" the pain of his loss?

Foster families recount, time and time again, incidents where a foster child who leaves the home and is removed within a day's notice by the agency. With little or no warning, there is no time to anticipate the loss or begin to resolve their grief

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while the child is still with them. That is, there is no opportunity for anticipatory grief. Even more so, some foster families believe that their feelings of grief are seen as "unacceptable" by the agency, even to the point where the agency judges the family as "too weak, too sensitive" for the work at hand.

Loss occurs not only when a child is removed from the home, but also in circumstances when there may be a death of a foster child. In those circumstances, the resultant grief is often very deep. From time to time, there are stories in which the foster family was regularly supported by the agency worker prior to and after the death of a foster child. This experience of support may actually be a joint process so the family and the worker are sharing in the healing work needed with losses such as death.

Workers in Agencies

In 1969, when Dr. Elizabeth Kubler-Ross wrote On Death and Dying, professionals gained new permission to recognize the intensity of loss that affects the work done with families and individuals. She introduced five stages to the grief process:

1) denial and isolation,
2) anger
3) bargaining
4) depression, and
5) acceptance.

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This model historically offered significant insights to many caregivers and support personnel. Today, we know a great deal more about the complexities around grief and loss and thus, this model has given way to more sophisticated representations such as presented by Dr. Oltjenbruns in this training material.

Loss for the family worker enters from so many junctures. The death of a family member may be a cause of family crisis. At times, long held and unresolved loss and grief may bring a family to the attention of an agency, manifest in chronic mental illness in a family member. In other cases, we know that loss of employment, and the compounding effects of long term unemployment, contribute to the feelings of loss by a family breadwinner.

When children are at risk and/or in real danger, child protection workers work with others to move a child to a safe, though temporary environment. This situation creates loss, including what is termed *filial deprivation*. Loss exists for the child or children who are removed from their family of origin. Filial deprivation, or the loss experienced by the parents, is another experience of loss. Siblings also experience loss, dependent on where they are placed.

Loss also exists for workers as cases progress. Sometimes a client may die, expectedly or unexpectedly. In some cases, a client may

Individual and/or Group Activity:

Please examine the charts on page 11 and 12.

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Some experts have indicated that more than anything else, foster care is the handling of grief. Foster parents must not only be aware of feelings and behaviors associated with loss, but also have successfully dealt with their own feelings relative to losses.

(Dulos, 1987).

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"The effects of separation and loss are experienced by all members of the foster care system, most primarily, the foster child, the birth family, and the foster family."

(Urquhart, 1989)

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disappear and leave a worker with many questions such as whether the work was "doing any good?"

Many times just with the course of casework, a case moves to closure--the work is done for now. And in that closure, there are many endings to negotiate.

Part of good practice is creating "good endings." Yet, sometimes there are just too many endings to negotiate! What we know from practical experience, is that when there are so many people to say good-bye to, we generally choose to say good-bye to few, or none. It's too much work! So, we leave ragged edges, some threads longer than others.

Individual and/or Group Activity:

Please examine Illustrations One and Two, Losses Can Be Gain: Toward Grief Work and Types of Losses.

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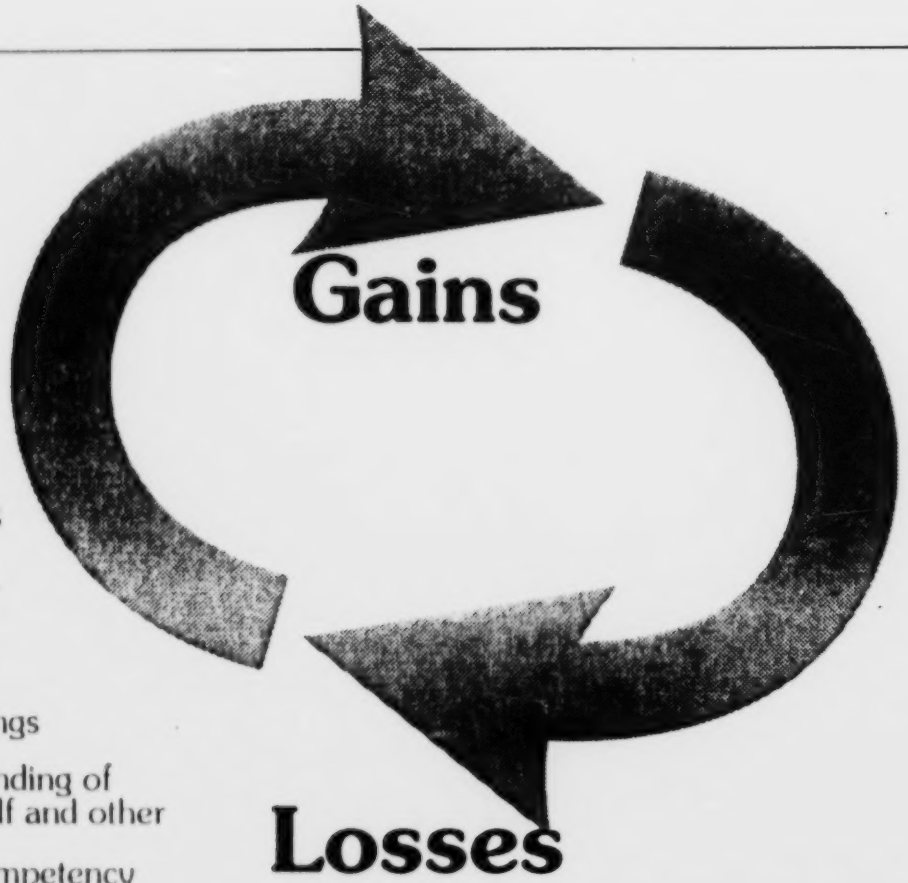
LOSSES CAN BECOME GAINS:
TOWARD GRIEF WORK!
Illustration #1



Resolving Losses Creates Gains

- New sense of self-identity
- Different feelings
- New understanding of meaning of self and other
- Gain more competency with loss and grief

Losses Impact

- Identity
- Feelings
- Innocence
- Stability

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TYPES OF LOSSES
Illustration #2

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LOSSES RELATED TO FOSTER CARE

Lecturette #2

It is simplistic to think that the focus for our grief work is only with the foster child experiencing loss and the resultant grief. Other members of this complex interpersonal system grieve as well as we do: these include the foster child's birth parent(s) and sibling(s), the foster parents and their children, and the case worker.

In Chart A, we will focus on the different members of the foster care situation. We will identify the multitude of losses that each is likely to experience. Examination of individuals in various roles is important, since the losses of different members of the system are qualitatively different from one another. As an example, we will begin by using the foster child as the focal point. As we strive to better understand the losses experienced by the foster child, we must keep in mind, that children typically experience many separations and losses (e.g., parent(s) leaving home to go to work, neighbors moving, grandparents dying). These types of losses are not only inevitable, they are necessary for maturation and individuation.

Foster children, however, are likely to experience so many losses that they are at risk for what is termed bereavement overload. **Bereavement overload** is defined as an extreme degree of grief triggered by the experience of multiple losses in a relatively short period of time.

Individual and/or Group Activity:

Examine the Case Example on the next page entitled, "An Illustration of Grief and Loss in Foster Care."

Individual and/or Group Activity:

1. Do Exercise #1 (on the following pages), entitled "Identifying Losses in Foster Care." As you reflect on the types of losses noted here, think of concrete examples as they relate to foster children you have known.

2. Please examine Chart A beginning on page 25.

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AN ILLUSTRATION OF GRIEF AND LOSS IN FOSTER CARE

Case Example

Let us consider the types of losses that an eight-year-old foster child, named Jodie, might experience when she is placed in a home across town from where she had been living with her birth parents. It is reasonable to think that Jodie would experience the following types of losses (note that change, in and of itself, may engender a sense of loss).

Environmental losses such as
- Home (e.g., bedroom, back yard)
- School
- Church
- Social institutions
- Belongings (e.g., toys, clothes)

Relationship losses including
- Relationship with biological mother
- Relationship with biological father
- Relationship(s) with siblings
- Friends (school, neighborhood)
- Teachers/bus driver/counselor
- Pets

Possible Identity losses including
- Cultural identity
- Religious identity
- Sense of one who "belongs" to
- Last name (if child is very young may take on last name of foster home)

Other losses, including
- Routines (e.g., meal times, bed time)
- Rituals
- Holidays
- Other yearly events

This list provides examples of losses likely to be experienced. The list is not all-inclusive.

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IDENTIFYING LOSSES IN VARIED POSITIONS IN FOSTER CARE

Exercise #1

Instructions

Using the worksheets on the next several pages, training participants should work in groups to identify different **types of losses** commonly experienced by birth parents, biological siblings, foster parents, children of the foster parents, case workers, and others involved in this complex interpersonal system.

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #1 - Foster Child

Foster Child (who has been removed)	
Record in the space below the **types of losses** the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #2 - Birth Parent(s)

Birth Parent(s)	
Record in the space below the **types of losses** the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #3 - Biological Sibling(s)

Biological Sibling(s)	
Record in the space below the **types of losses** the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #4 - Foster Parent(s)

Foster Parent(s)	
Record in the space below the **types of losses** the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #5 - Foster Parent(s)' Own Child(ren)

Foster Parent(s)' Own Child(ren)	
Record in the space below the **types of losses** the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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Identifying Losses in Varied Positions in Foster Care

Exercise #1, Worksheet #6 - Case Workers

Case Workers	
Record in the space below the types of losses the focus individual noted above is likely to experience.	
Environmental Losses	**Identity Losses**
Relationship Losses	**Other Types of Losses**

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SOME LOSSES RELATED TO THE ROLE OR STATUS OF INDIVIDUALS IN THE FOSTERING SITUATION

Chart A-1 Foster Child (Who Has Been Removed)

Possible Losses for a Foster Child (Who Has Been Removed)

Environmental losses

- Home environment
- Room
- Personal belongings
- Social institutions including day care, school, church, etc.

Relationship losses

- Parents
- Siblings
- Friends in neighborhood
- Extended family contacts

Identify losses

- Sense of identity tied to family of origin
- Sometimes even their use of their own last name
- Lowering of self-esteem, thus loss of selfhood

Other losses

- Confusion around location of most everything in new home
- Loss of culture
- Loss of family history

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SOME LOSSES RELATED TO THE ROLE OR STATUS OF INDIVIDUALS IN THE FOSTERING SITUATION

Chart A-2 Birth Parent(s)

Possible Losses for a Birth Parent(s)

Environmental losses

May include child who brought income into family

Relationship losses

Daily relationship(s) with child(ren)
Child's (children's) presence in home
Direct, ongoing interaction with one's child(ren)
Loss of extended relationships that are severed because of disapproval or rejection
Could include loss of boyfriend(girlfriend)/lover in some sexual abuse disclosure situations

Identity loss

Current status/role as parent
Identity as a capable parent
Identity as "mom" or "dad"

Other losses

Respect of others
Privacy (because of involvement by social service caseworkers)

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Some Losses Related to the Role or Status of Individuals in the Fostering Situation

Chart A-3 - Biological Sibling(s)

Possible Losses for a Biological Sibling(s)

Environmental losses

Brother or sister's presence
Loss of sibling who performed many vital household tasks/chores ("parentified" child)

Relationship losses

Active role as a brother or sister
Role as older or younger sibling

Identity losses

Loss of self-esteem
Identity as brother or sister jeopardized

Other losses

Respect for biological parent(s)
Acceptance by others - as being "normal"

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Some Losses Related to the Role or Status of Individuals in the Fostering Situation

Chart A-4 - Foster Parent(s)

Possible Losses for a Foster Parent(s)

Environmental losses

Physical space in his/her own home
Privacy

Relationship losses

Degree of intimacy with own family
Foster child him/herself at the termination of placement

Identity losses

After termination, identity as foster parent (to that foster child) (or identity of capable (foster) parent role if there is difficulty with the foster child

Other losses

Respect for child's biological parents
Time for self
Freedom

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Some Losses Related to the Role or Status of Individuals in the Fostering Situation

Chart A-5 - Foster Parent(s)' Own Child(ren)

Possible Losses for a Foster Parent(s)' Own Child(ren)

Environmental losses

Possibly own room
Some toys may become shared property

Relationship losses

Previous relationship with own mom/dad
Previous relationship with siblings

Identity losses

Role/position as only child, oldest child

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Some Losses Related to the Role or Status of Individuals in the Fostering Situation

Chart A-6 - Case Workers

Possible Losses for Case Workers

Environmental losses

Access to client may be difficult, need for county care, mileage, etc.
Difficulty connecting with people
Noisy offices, inadequate office space or lack of privacy

Relationship losses

Losses with child and/or family
Losses with foster families
Losses with other professionals connected with a case
Effect our relationships at home with our own spouses and children, and even our friends and others in support system
(May lack energy to invest in others)
Pull in on our relations at work when feeling unsupported

Identity loss

Begin to question our competence to practice; may come to feel warped sense of competence
Feel personally overwhelmed, slows up, down, can become clumsy, less effective
Tire more easily
May minimize the loss and grief, avoid . . .
Question what is important, what is real?

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THE NORMAL GRIEF PROCESS

Lecturette #3

Often we think of grief as an "overwhelming feeling of sadness which is manifested in crying behavior." In reality, **grief is a complex, multifaceted reaction involving physiological and emotional / psychological components and behavioral reactions.**

Many describe the grief process as "a journey towards resolution." Although the feelings of pain and thoughts of the lost person may be almost overwhelming at first, they do typically diminish over time. This occurs as one moves from what is termed the ***"acute" phase of grief*** to the ***chronic" phase***." A typical grief reaction is made up of a multiplicity of emotions, thoughts, physical reactions, and behaviors. Those do not follow a linear progression; individuals report that they feel like they are on a roller coaster, cycling in and out of phases that they thought they had already dealt with and passed through. An important thing to remember is, that as painful as grief can be while people are immersed in it, many report that there were ultimately positive outcomes to the grief experience, such as personal growth, strengthened relationships with others, and perhaps a deeper sense of appreciation for life itself.

It is crucial that we understand that, although there are many common manifestations of grief (which we will examine in this section), each individual's experience of grief is actually unique.

Individual and/or Group Activity:

Please examine Chart B, What Makes Grief Work Different From One Person To The Next.

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WHAT MAKES GRIEF WORK DIFFERENT FROM ONE PERSON TO THE NEXT?

Chart B

* Duration - varies individually

* Variety of Initial Responses to Loss

* Cultural Orientation
  Ethnic \ Religious

* Intensity of Manifestations of Loss:
  - o Physical
  - o Psychological
  - o Behavioral
  - o Emotionaly

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It is unique to the person and to the situation.

This uniqueness is apparent in the actual constellation of manifestations that a given individual experiences, in the intensity of the grief, and also in the duration of the grief.

Chart C, The Normal Grief Process. Charts D - F list a variety of grief reactions that are common to many types of losses experienced by birth parents and foster children. Although they are common manifestations, they are not universal.

When giving support to individuals who are grieving, it is crucial that the variety of losses experienced be acknowledged and validated as legitimate; further, the ensuing grief must be recognized as normal and healthy. Loss must be dealt with if individuals' grief work is to be accomplished. **Grief work is defined as the process by which individuals gradually resolve their grief.** If one's grief work is delayed or aborted, it may well be magnified and become damaging to a person's emotional and physical well-being in the long run.

Painful as grief may be, it is normal and it is healthy. Although it may be extremely difficult, individuals must do their "grief work" to remain healthy . . . there are no shortcuts! Bowlby stresses that when "mourning fails", that is when grief work is not completed. There is a

Individual and/or Group Activity:

Please examine Chart C, The Normal Grief Process

Examine Illustration #3, The Process of Grief Work

Review Charts D, E, & F dealing with Common manifestations of grief (as well as those recorded on your worksheet.)

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persistence of grief, guilt, anxiety, aggression, and reunion fantasy.

Freud, in 1917, stressed that grief is an absorbing process involving much energy and hard work.

There are a number of fundamental tasks inherent to the process of doing one's grief work (Worden, 1991).

- Accept the reality of the loss.
- Experience the pain of the grief.
- Adjust to an environment in which the loss is a reality.
- Withdraw the emotional energy that had been invested in the lost person/object and re-invest it.

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THE NORMAL GRIEF PROCESS

Chart C

There are a number of fundamental tasks inherent to the process of doing one's grief work (Worden, 1991).

- **Accept the reality of the loss.**
- **Experience the pain of the grief.**
- **Adjust to an environment in which the loss is a reality.**
- **Withdraw (let go of) the emotional energy that had been invested in the lost person/object and re-invest it.**

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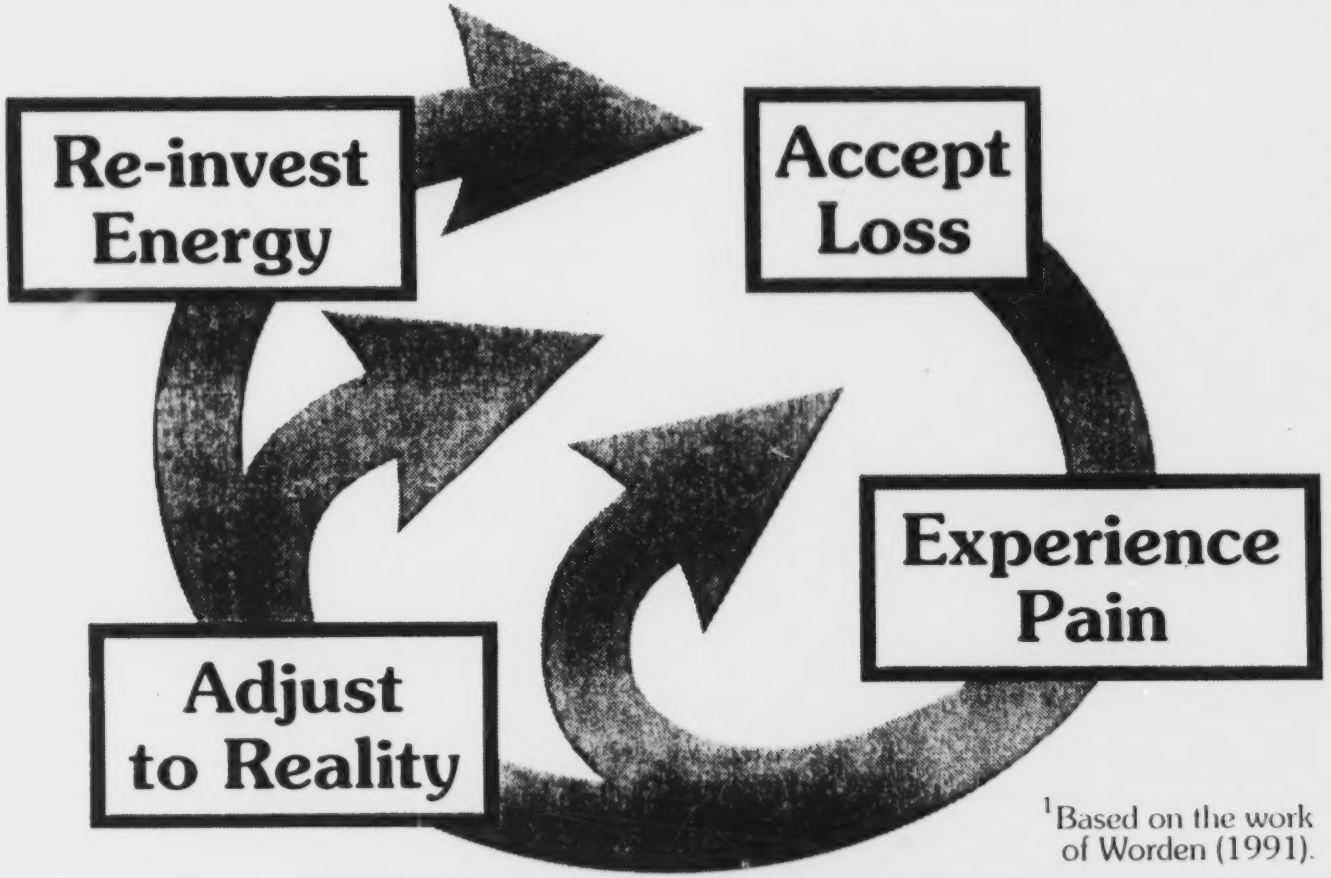
THE PROCESS OF GRIEF WORK

Illustration #3



[1]Based on the work of Worden (1991).

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COMMON MANIFESTATIONS OF GRIEF
(NOTE: These are NOT universal)
Chart D

Physiological Manifestations

- Tightness in throat
- Shortness of breath
- Disturbed sleep patterns
- Loss of energy
- Change in appetite

Emotional / Psychological / Feelings Manifestations

- Sense of shock, numbness
- Sadness
- Anger
- Fear
- Anxiety
- Hopelessness (things are overwhelming)
- Helplessness
- Guilt
- Inability to concentrate
- Disorientation
- Tearing up
- Feelings of: Betrayal, Abandonment

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COMMON MANIFESTATIONS OF GRIEF
(NOTE: These are NOT universal)
Chart D (concl)

Behavioral Manifestations (Mirror of Emotional/Psychological/Feelings Manifestations)

- Periods of social isolation
- Fear of being alone
- Crying
- Withdrawal or over-dependence
- Loss of interest in people / activities
- Helplessness
- Restlessness
- Hostile outbursts
- Drop in work hours
- Drop in regular physical activity

MANY REACTIONS CAN BEGIN *PRIOR* TO LOSS ITSELF

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COMMON MANIFESTATIONS OF THE GRIEF PROCESS - FOSTER CHILD

Chart E

PHYSIOLOGICAL MANIFESTATIONS

- Bed wetting
- Eating disorders
- Sleep disorders

EMOTIONAL/PSYCHOLOGICAL MANIFESTATIONS

- Sad
- Depressed
- Disbelieving
- Shocked
- Angry
- Guilty
- Insecure-present, future
- Abandoned
- Isolated
- Alienated
- Rejected
- Lonely
- Powerless
- Punished
- Anxious
- Fearful
- Confused
- Loyalty conflicts
- Disorganized
- Preoccupied
- Humiliated
- Worthless

BEHAVIORAL MANIFESTATIONS

- Crying
- Be demanding . . . overly compliant
- Attack
- Protest
- Regression in behavior patterns
- Manipulate others
- Apathy
- Restless
- Engage in searching behavior
- Withdraw . . . cling
  emotionally disengage
- Strike out verbally
- Act out
- Blame self
- Nightmares
- Not concentrate
- Exhibit low self esteem

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COMMON MANIFESTATIONS
GRIEF PROCESS - BIRTH PARENTS
Chart F

PHYSIOLOGICAL MANIFESTATIONS

Sleep disturbance
Overindulging (alcohol, etc.)
Eating disorders
Headaches, etc.

EMOTIONAL/PSYCHOLOGICAL MANIFESTATIONS

There are a number of "negative" emotions experienced by the birth parents, including:

Sadness
Nervousness
Guilty
Resentful
Alienated
Worry
Feeling of emptiness
Anger
Stigmatized
Bitterness

Feelings of thankfulness and relief are also quite common among the birth parents. This is a good illustration that grief reactions may involve a myriad of Emotions that are somewhat ambivalent in nature.

BEHAVIORAL MANIFESTATIONS

Over-indulge children
Disparage foster parents
Complain about difficulties in child's adjustment
Uncooperative - foster parent/system
Overly disruptive
Apathy
Restless
Noncommunicative
Lash out

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COMPONENTS OF THE GRIEF PROCESS

Lecturette #4

The complexity of the grief process, as it is experienced by those involved in foster care, is mind boggling! We might think of it as a jigsaw puzzle with many inter-locking pieces. The components identified in the puzzle on the next page will be discussed in greater detail as we proceed through this training modula. They are related to the types of losses experienced and to the ensuing grief process. It is impossible to understand what is occurring in the fostering situation without gaining insight into the many interactions which are illustrated in our puzzle.

For example, the types of losses a foster child experiences are different than those experienced by his/her birth parents. The losses felt intensely during the first week of a new placement are most likely quite different than those experienced a week prior to the termination of the placement. The foster child may deal with her grief using one set of coping strategies (which are somewhat age dependent and reflective of her personality) while her birth mother uses quite different coping mechanisms. The outcome to one's grief may be modified by the support that is provided by case workers, family members, friends, etc.

Individual and/or Group Activity:

1) Divide into pairs.

2) Examine the figure on the next page entitled "Jigsaw Puzzle - "Interlocking Pieces of Grief and Loss."

3) Identify other pieces that you feel should be added to the puzzle.

4) Explain your rationale to your partner.

5) Teams may now identify "missing puzzle pieces" to the large group.

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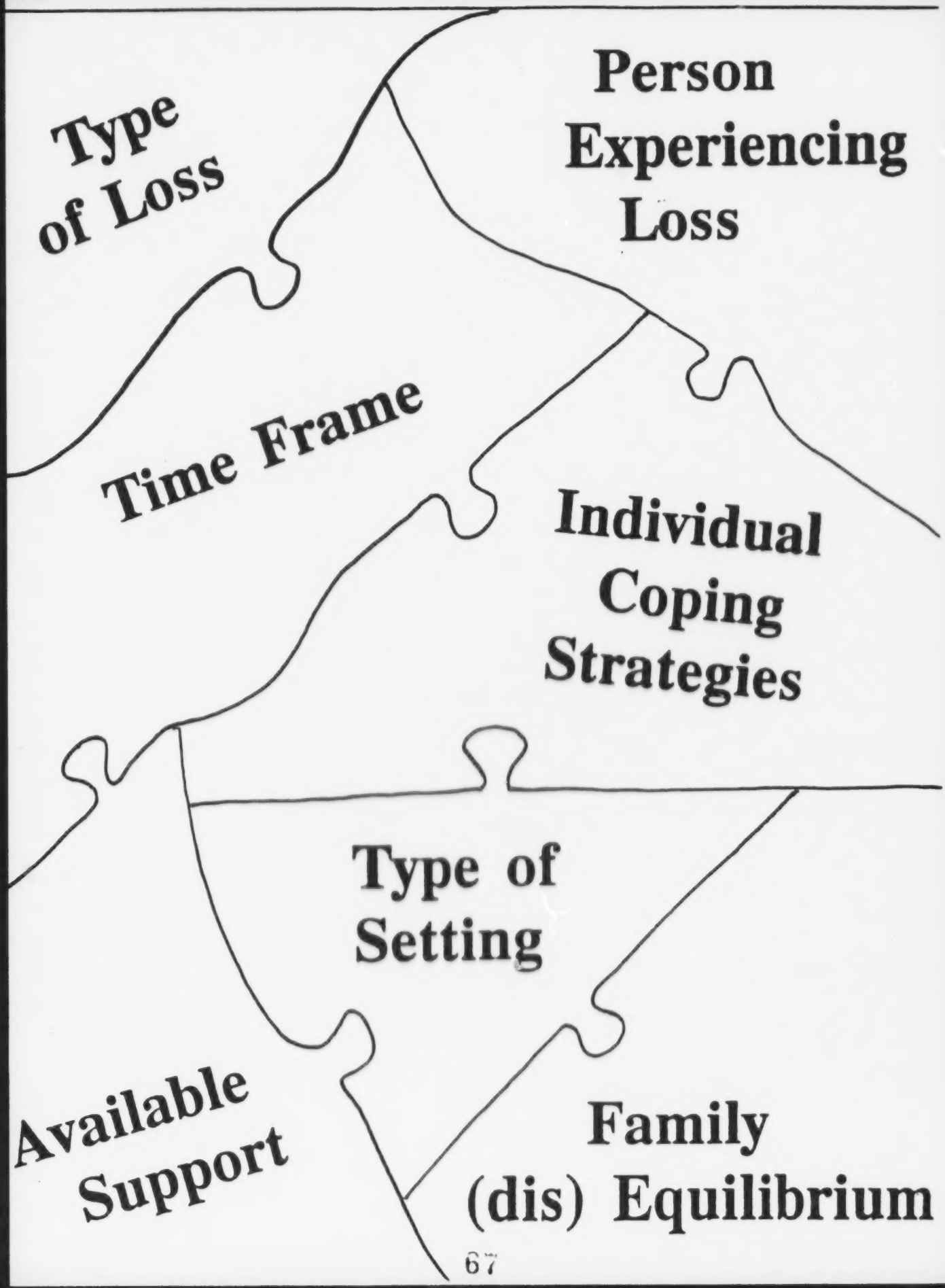
Type of Loss
Person Experiencing Loss
Time Frame
Individual Coping Strategies
Type of Setting
Available Support
Family (dis) Equilibrium

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VARIABLES AFFECTING THE GRIEF PROCESS
Lecturette #5

Not only is our understanding of the grief process complicated by needing to understand the many losses of all the individuals involved, but it is also complicated by the fact that there are many variables that affect the grief process. These include both situational and interpersonal variables.

Examples of situational variables (as related to different time frames) include:

PRE-PLACEMENT

REASON FOR PLACEMENT
- Abuse/neglect
- Abandonment
- Alcoholism/drug abuse
- Illness/death of parent
- Child's emotional/behavioral problems

QUALITY OF CARE /RELATIONSHIP PRIOR TO PLACEMENT
- Relationship with birth parent
- Quality of care
- Duration-separation
- Single-many
- Brief-long term
- Nature of reunion

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DURING PLACEMENT

Relationship with foster family
Availability of support

TERMINATION

REASON FOR TERMINATION:
Re-join birth family
Change foster home
Emancipation

Interpersonal Variables

This category describes variables that are intrinsic to the individual him/herself. The variables contribute to the uniqueness of the grief response and relate to how well various losses are dealt with.

CHILD
Age
Developmental Capabilities
Coping Strategies
Personality
Previous Losses

BIRTH PARENT
Coping Strategies
Personality
Previous Losses

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FOSTER PARENT
Coping Strategies
Personality
Previous Losses

Our intent is not to describe each of these variables, but rather to simply bring them to consciousness. They are important considerations when determining case management strategies.

For example, one variable impacting the meaning ascribed to a particular loss and the ensuing grief, is tied to a child's age. It is important to recognize that one's age/developmental stage is tied to such issues as cognitive capability and understanding of why certain things occur. During the preschool years, magical thinking and egocentrism have an impact on the child's understanding of causality (Mishne, 1992). For example, it is typical for a younger child to wonder if he caused his mother to become alcoholic or abusive towards him. Therefore, he is bad and that being placed in a foster home is rightful punishment. When one believes s/he is responsible for the loss, grief becomes magnified. It is crucial that the caseworker, foster parent, etc., communicate with the child to determine if s/he is inappropriately carrying a burden for the placement, and clarify to the child the true reason. Accurate and timely information is necessary to build trust and to avoid the child replacing reality with fantasy and to reduce confusion.

Individual and/or Group Activity:

1) Review the various common manifestations of grief (as recorded on your worksheets and also found in Table D, E and F.

2) Working in small groups, discuss those responses that you feel are commonly thought to be related to misbehavior and/or a need for discipline but could conceivably be part of a grief response instead.

If a particular emotion or behavior could be tied to grief, rather than "misbehavior," how would one intervene differently?

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BARRIERS TO RESOLVING ONE'S GRIEF
Lecturette #6

Many people have difficulty coming to terms with their grief after a significant loss. In some cases, people may hide the memory of a loss deep inside themselves. There are many factors which affect various individuals' grief experiences. These factors include cultural background, religious traditions, gender, age. Further, there are certain facets of our society which create barriers to some individual's being able to resolve their loss. We shall explore some common barriers here.

Acknowledging the Loss

In order to come to terms with loss and deal effectively with the grief, the losses must be acknowledged. Many in our society are so uncomfortable about knowing what to do around people who are grieving. They choose (consciously or unconsciously) to engage in an interactional pattern that does not allow the person, who is grieving, to talk about his/her grief. Further, the person, who is grieving, chooses not to share true feelings or concerns in such a closed environment. This mutual "unspoken" pact to avoid discussing issues and consequences as they relate to loss is termed the **conspiracy of silence.** In child protective services, adoption, and foster care work we might speculate a moment or two on how our current way of practicing may be contributing to a conspiracy of silence.

Individual and/or Group Exercise:

1. Please examine Chart G, Some Types of Barriers To Resolving Grief In Our Work With Children And Families.

2. Do Exercise #2 entitled "Who Talks about Impending Changes and Losses?"

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SOME TYPES OF BARRIERS TO RESOLVING GRIEF IN OUR WORK WITH CHILDREN AND FAMILIES

Chart G

* Difficulty having the loss acknowledged
* Lack of time to respond and support loss and grief
* Lack of training on loss and the grief process
* Lack of clarity regarding who should be responsible for working with loss and grief in system
* Lack of adequate time with supervisors, to talk about loss(es) and grief
* Few support groups exist through Hospice which are available for death grief work
* May be limits to grief work due to confidential nature of work
* Losses that pile up on top of other losses
* The many people who are involved in experiencing the loss and need to grieve loss

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WHO TALKS ABOUT IMPENDING CHANGES AND LOSSES?
Exercise #2

Instructions:

The **conspiracy of silence** may be manifest in the lack of ability or willingness to talk about loss and grief.. It may also be manifest in lack of preparation of the foster child (or others in the fostering situation) for the placement itself and/or termination.

In either large or small groups, discuss the following issues, each within the context of our working with children who are being moved from one living situation to another. Consider what is the best intervention strategy. Consider what activities or experiences will offer the most support for the likely losses and resultant onset of grief.

1. Identify **when, how, and by whom should a foster child be prepared** for placement as well as for termination of the placement. Discuss these situations in the context of good intervention and providing support for the likely losses and resultant grief.

2. Identify **when, how, and by whom should an older child be prepared** for emancipation.

3. **Should foster parents be informed of a child's status** after that child has left his/her foster home? Explain pro's and con's of providing information as compared to not providing information about the child.

Note: As you do this exercise, keep in mind that what MAY be a good response for one situation may have a different outcome in another similar situation. Grief *is* individualistic!

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Barriers to Resolving One's Grief

Lecturette #6 (con't)

Many times the large number of individuals involved in experiencing a loss contributes to minimizing the issues and consequences. Further, we may see ourselves as "responsible" for the actual decision to separate a child and family, and thus, we may actually be in conflict with ourselves and others who are involved in the grief process.

Lack of Training Affects Response to Loss

Professional workers, in the many different positions held in child welfare, need training in grief and loss. One important reason for such a training program is to simply acknowledge the significant role grief plays in the challenging work of child protective services. Second, learning about grief and loss strengthens our ability to assess the emotional state of a family and its members. Third, if workers can better assess the grief a client experiences, the treatment planning process can address and even respond to this aspect of the client's overall situation.

Professionals, not trained in the grief process, sometimes believe that talking about one's grief may be unhealthy and/or damaging to the bereaved. This belief system, coupled with an uncertainty of knowing what to say or do around people who are grieving, may cause this person to participate in this conspiracy of silence. The outcome, however, from

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the perspective of the one who is grieving, is often **a lack of trust or anger at the "helper's" insensitivity.** Both are frequent responses when one is not invited to share information or feelings about significant losses. It is very hurtful to believe that someone close does not notice the pain, or does not appear to care; that someone "who should know better" does not even acknowledge one's grief.

Substitute caregivers, whether foster parents or paid residential care providers, need training to learn what responses ***can help*** in the grief experience. It is crucial to understand that grief *is* unique. There is no inherently "right" or "wrong" way to grieve. Our own personal patterns for dealing with loss may or may not be appropriate for others.

Lack of Clarity Regarding Who is Responsible

Questions such as who is responsible for telling a foster child about an impending move, often bring on deep feelings of resentment for children. These feelings may become burned into their inner psyche. Foster parents generally think that the worker is responsible for telling a foster child about a move that is upcoming. This is true. Yet, workers have little face-to-face time with children in out-of-home care situations.

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Barriers to Resolving One's Grief

Lecturette #6 (con't)

At times, a foster child is moved quickly. This may be due to a problem in the placement. A foster home may not be able to cope with a child a moment longer. In these cases, a worker may come to the house relatively quickly to move a child. Yet, the worker may not have informed the birth parents soon enough about the move. Parents get very angry, feeling that they are unable to even keep track of their child.

Foster parents are sometimes not told about an impending move of a child in an appropriate manner or in a timely fashion. Maybe a worker wants to "forestall" the inevitable. When a foster home finds out about a move through someone other than the designated worker, it often becomes very emotionally charged, particularly if some progress was made with the child(ren).

Because their are many people involved in a family case, other important contacts often need to be made about the move of a child. For example, a child may be moving out of state to live with a relative. Often a guardian ad litem has had some involvement and needs to be contacted. A therapist (or two) may also need to be informed about a child leaving.

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Lack of Adequate Time with Supervisors

Doing child protection work is difficult. This work requires a great deal of supervisory support for workers and foster parents, going beyond simply supervising the excessive paperwork of the job. Rather, supervisors in the county social services offices or in the child placement agency need to be available to LISTEN to the losses experienced by their supervising workers. Supervisors may also suggest added support through use of a support group or therapy process in some cases.

Workers, who serve in a supervisory and collaborative capacity with out-of-home providers such as foster parents or proctor home parents, must also provide the needed time to LISTEN and support the foster home parents, and even the children.

Lack of Support Groups

Support groups for workers and provider foster parents experiencing grief can be very effective if they serve as a critical place to gain support during difficult times. Many programs have support groups. A key factor in gaining the most from the group is to build in the strong sense of trust. Grief support groups should be seen as a basic requirement of work with children in out-of-home situations.

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Barriers to Resolving One's Grief

Lecturette #6 (con't)

The Limitation Because of Confidentiality

At times, we hear workers and foster parents say that confidentiality is a barrier to dealing effectively with the loss and grief encompassing their work. There is an aspect of truth in this statement because we cannot tell our best friends and extended family members about the details surrounding a loss and a deep sadness. We can however, talk in general non-identifying terms, about our grief. This is one central reason why we must use the support of co-workers and supervisors because of the limitations stemming from this issue.

More Losses Pile on Top of Existing Grief

The concept of **bereavement overload** helps us understand how losses that pile on top of existing grief--make it almost impossible to effectively deal with loss! From the point when a child is removed from a home, the child experiences many losses--loss of parent(s), loss of sibling(s), loss of neighborhood friend(s), and loss of extended relative(s). This is often coupled with other factors such as moving out of their community and their school. If one cannot deal with each loss effectively, s/he may become overwhelmed--by emotion, by uncertainty, and by an inability to cope. The foster child may experience

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Barriers to Resolving One's Grief

Lecturette #6 (concl)

bereavement overload which is an extreme degree of grief triggered by the experience of multiple losses in a relatively short period of time.

Foster homes too may face bereavement overload. Foster families often do not make it beyond one single fostering experience because--the loss of the foster child is too great. Yet, some families find ways to accept the loss, and move on to another fostering situation. Hopefully, the foster parents (and their natural siblings) identify the process of how they learned to cope with their loss. This can help them when the next child leaves their home. Yet, life is not neatly packaged. A time may arise when a foster home faces the loss of a foster child near the time when they are also experiencing other losses in their lives such as loss of employment, loss of extended or immediate family members, etc. Workers must assess the extent of loss in a foster home and seek resources and supports for those foster homes.

Workers too often are faced with bereavement overload, as well as are the clients and providers. When a worker has, for example, a death of a child, another child who moves out of the jurisdiction, and also faces three new cases of severe abuse of a child--together these may contribute to a sense of futility and sadness that affects the worker's quality of action.

Individual and/or Group Exercise

1. Please read and complete Exercise 3.

2. Please read and follow the instructions for Box Two.

3. Please read and follow the instructions for Exercise 4.

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EXPLORING BEREAVEMENT
Exercise #3

Instructions: **Bereavement overload** means an extreme degree of grief resulting from multiple losses in a relatively short period of time, which can be another barrier to the healthy resolution of grief.

Explain how a **foster child** is at-risk for bereavement overload. Define strategies that would be helpful to the child in this regard.

Explain how a **foster parent** might be at-risk for bereavement overload. Define strategies that would be helpful to the foster parents in this regard.

Explain how a **case manager** might be at-risk for bereavement overload. Define strategies that would be helpful to the case worker in this regard.

Consider how a **birth parent** might express their bereavement overload. What strategies exist to help birth parents?

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HOW CAN WE HELP BIRTH PARENTS ADDRESS THEIR DEEP FEELINGS OF GRIEF AND LOSS?

Box Two

Our work with and support of the birth parent must be encompassed by our understanding of the grief process and by our ability to assess how parents are coping with the loss of their child or children. (The term **filial deprivation** has been used to describe the parent's loss when their child is removed.)

When children are removed because of abuse and/or neglect, generally, the situation has been very serious, and traumatic. Further, at the time of the removal of the children, parents may have been high on alcohol or drugs, physical abuse may have been experienced by a spouse or mother as well as the abuse the child experienced. Thus, parents may not hold clear thoughts about why and how their children were removed.

At times, parents are also limited in their very ability to understand events related to the removal of their children because they are intellectually limited. Sometimes a parent is so young, they are not clear why anyone would even consider taking their child(ren) away.

So, when a birth parent's child is removed, there is usually a great deal of anger and there may also be some confusion about the loss of their child(ren).

How do these parents deal with the loss of their child? There is no one way parents address their loss. A parent's maturity, their attachment to a child, these are factors that relate to how a parent responds to the loss of a child.

For many parents, they are filled with a deep sense of shame and pain. Parents may not know what to do with these feelings, thus, they may choose to bury themselves in drugs, alcohol, excessive sex, etc. Thus, programs such as detox or jail may become connected to the family in addition to child protective services.

As workers, we are directed extensively by a timely process encompassing case assessment, treatment and case planning, and filings with the court. If a parent has "bottomed out" as described above, little time will be spent addressing the loss a parents feel.

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How Can we Help Birth Parents Address their Deep Feelings of Grief and Loss?

Box Two

Yet, some parents do not bottom out. They may become shocked into action by the removal of their children and they do not further destroy themselves. They will experience a profound sense of loss. They may become deeply despondent, even considering suicide. Workers must:

(1) assess the ability of the parent to cope with the loss,
(2) obtain medical and therapeutic support as quickly as possible,
(3) identify all the supports available to the parents including relatives, friends, co-workers, and neighbors.

Parents can also be referred to a Parents Anonymous program or a similar program for parents of abused children. Groups such as these offer a great deal of understanding that is hard to find among families who have never experienced public child welfare services.

Whenever working with people who are suffering deep loss, trauma, or shock, it is important to recognize that they may not remember a great deal of what is being said. Some suggestions to help include:

(4) write down instructions for parents,
(5) phone to remind a parent of an upcoming visit, (this may be doubly important support for the parent early in the "parenting time" process),
(6) find a person who can serve as a "friend" who will be able to provide transportation as well as support.

Foster parents can be a support as well. An attitude of caring, support, and encouragement by the foster parent can help the birth parent. Time is important when considering how foster parents can help birth parents address the loss of the child. Consulting with the worker will help a great deal.

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JOURNALING: A TOOL FOR HEALING

Worksheet and Exercise #4

Journaling is a process of self-exploration, self-discovery, and ultimately, a process of self-acceptance. Most people have some strong preconceived ideas about journaling that get in the way of using this process. For example, many people think that you have to journal everyday! Not true. Journaling is a tool. A person can journal when the moment strikes them, or, for a period of time during a week, month, or year. Second, some people say they do not journal because they do not know how to write, how to spell, or have poor grammar skills. Everyone can journal, even it they use a tape recorder instead of paper! And, a journal is personal. So, how one spells, creates sentences, paragraphs, etc. is irrelevant! And, some people have an idea that to journal they have to say everything they did in a day, such as "Today, I went here . . . did this . . ." Again, not true. A journal can be used to just catch one idea or one thought a person wants to explore.

Many people feel that if they journal for themselves they might as well just keep their thoughts and ideas in their head! Yet, journaling offers a person the opportunity to quiet their "noisy" head. Journaling lets a person "see" what they are thinking. This process of seeing their thoughts begins the experience of self-development and self-initiated change.

When one journals, they need only decide to try it out, get a notebook or use their computer or tape recorder, and then, set a time that is generally best to do their journaling. One can journal ideas, thoughts, feelings, emotions, reactions, etc. And, from time to time, the person then can re-read what they have written and consider what it means.

Journaling is a great help when someone feels low, sad, and on the edge of their coping abilities. Loss and grief are times when journaling can be invaluable. In part this may be so because we do not want to over-burden our family and friends. Sometimes they are coping with loss just as we are. In other cases, loss brings up issues from other times in one's life. And, journaling can contribute to sorting through what one is experiencing and thinking. Journaling becomes a process of self-development when the journaling is used as a way of considering changes in oneself based on self-exploration.

Some people who write about journaling suggest a journal is a legacy for an individual and even for the family. So, consider using journaling as a self-discovery process and the creation of a personal legacy. Remember what you are and what you do and think are important and valuable--to you!

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JOURNALING
MY LOVE AND CARE

Understanding my own thoughts and feelings help me to do the best job possible. My reflections become my teacher.

Mona S. Schatz, 1994

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APPLICATION FOR CREDIT

Grief and Loss

Name: _____ Social Security #: _____

Address: _____ Phone: _____

_____

(city) (state) (zip)

I. Application for Partial University Credit

Grading: Pass/Fail

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour at the current tuition rate set by the University.

_____ Yes, I wish to apply for University credit.

II. Application for Continuing Education Units (CEU's)

Colorado State University, Division of Continuing Education, will grant Continuing Education Units (CEU's) for successful completion of this training session at a cost of $18.00. If you wish to apply for these units, complete the above information, attach a check made payable to CSU, and return this application to the trainer.

_____ Yes, I wish to apply for Continuing Education Units (CEU's) today.

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ASSIGNMENT FOR PARTIAL CREDIT

Do Exercise #3 entitled, "Exploring Bereavement" in this manual. Write out your responses.

When completed, mail to:

Mona S. Schatz, DSW
Colorado State University
Department of Social Work
FOSTERING FAMILIES
112 Education Building
Fort Collins, CO 80523

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SUGGESTED RESOURCES

Berman, Lauren C. and Rhea K. Bufferd (1986). "Family Treatment to address loss in adoptive families," Social Casework, Issue 1.

Burke, Margaret and Tuesday Dawson (1987). "Temporary care foster parents: Motives and issues of separation and loss," Child and Adolescent Social Work, Vol 4, Numbers 3/4.

Danebo, Levine C. (1994). AIDS and the New Orphans: Coping With Death. Westport, Connecticut: Auburn House.

Edelstein, Susan (1981). "When foster children leave: Helping Foster Parents to grieve," in Child Welfare, Vol. LX, Number 7.

Freud, S. (1917). Mourning and melancholia. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, Vol. 14 (pp. 243-58), London: Hogarth Press.

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Jewett, C. (1982). Helping children cope with separation and loss. Harvard: The Harvard Common Press.

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SUGGESTED RESOURCES

Leick, N. and Davidson-Nielsen, M. (1991) Healing Pain: Attachment, Loss, and Grief Therapy. NY: Tavestock/Routledge.

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Viorst, Judith (1986). Necessary Losses. New York: Fawcett Gold Medal / Balantine Books

Worden, J.W. (1991). *Grief counseling and therapy* (2d ed.) New York: Springer

FILM:

"Losing Isaiah", Paramount Pictures, 1995.

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EVALUATION BY PARTICIPANTS

Exploring Grief and Loss

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressed				Very Well Addressed
1.	To identify the many types of losses that may be experienced by individuals involved in the fostering situation - case-workers, supervisors, foster parents, birth parents, siblings, foster children, the children of foster families, and many others	1	2	3	4	5
2.	To understand common manifestations of the grief process	1	2	3	4	5
3.	To become aware of those factors and variables that affect grief and its outcome	1	2	3	4	5
4.	To examine a model of grief related to foster care	1	2	3	4	5
5.	To address loss-related issues as they impact foster care treatment planning	1	2	3	4	5

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B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual	1	2	3	4	5
3. Participant responsiveness	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns	1	2	3	4	5
5. Your interest in the training session	1	2	3	4	5
6. Your comprehension of the material presented	1	2	3	4	5

COMMENTS: Please be specific:

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter	1	2	3	4	5
2. Preparation	1	2	3	4	5
3. Ability to communicate	1	2	3	4	5
4. Style of presentation	1	2	3	4	5
5. Enthusiasm/interest in subject matter	1	2	3	4	5
6. Overall performance	1	2	3	4	5
7. Ability to facilitate	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation	1	2	3	4	5

COMMENTS: Please be specific:

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

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I.D. #_ _ _ _

FOSTER CARE DEMOGRAPHICS

E. **DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.**

1. Last 4 #'s of Social Security # _ _ _ _

2. Circle correct role: 1. worker 2. foster parent 3. Other_____
(please specify)

3. Date _ _ - _ _ - _ _

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. **DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.**

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Servoces and Private.
4. Indian/Tribal
5. Other please specify) _____

15. Total # of children presently in home_____
16. Number of foster female children_____
17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?

1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years
21. Number of foster children for which licensed_____
22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years
29. Length of time in protective services/foster care unit _____years

"Loss *is* a common theme of family protection work and particularly foster care."

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Everyone who has spent a day in foster care, and other kinds of out-of-home placement--recognizes the truth in that statement!

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Some experts have indicated that more than anything else, foster care is the handling of grief. Foster parents must not only be aware of feelings and behaviors associated with loss, but also have successfully dealt with their own feelings relative to losses.

(Dulos, 1987).

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"The effects of separation and loss are experienced by all members of the foster care system, most primarily, the foster child, the birth family, and the foster family."

(Urquhart, 1989)

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